

Michigan Department of Community Health
Children's Special Health Care Services
Guidance Manual for Local Health Departments

Appendix P

1. MTM has been contracted to provide transportation assistance for medical treatment purposes that are not otherwise available to CSHCS clients. MTM services are not to be used to replace current transportation options as would normally be arranged through the local health department. Please see this Appendix for information, supplemental questions and forms for MTM.
2. CSHCS clients with a payment agreement or enrolled in MICHild are eligible for in-state travel assistance for care related to the CSHCS qualifying diagnosis.
3. Transportation assistance needs of the dually eligible Title V/Title XIX clients are to be referred to DHS. In the event DHS supported transportation is not available, transportation assistance through MTM is limited to care related to CSHCS qualifying diagnosis.
4. Transportation assistance is for the client and one accompanying adult. See #9 for Exceptions.
5. Transportation for parents/guardians visiting clients during an inpatient stay is not a covered benefit. See #9 for exceptions.
6. Transportation must be arranged within 48-72 hours of the appointment. Exceptions require authorization by the LHD for same day and 24 hour requests.
7. Transportation of minors without adult supervision requires authorization by the LHD and is intended for on-going services, which require the client to receive services on a weekly basis (e.g. dialysis, therapies-PT/OT/Speech, etc.).
 - a. LHD must obtain written permission from parent/guardian for any client under 16 years of age.
 - b. LHD will fax copy of written permission form to MTM.

NOTE: LHDs may not authorize non-supervised transportation for children under the age of 12.

8. Transportation exceptions, determined appropriate by the LHD, require authorization. Examples of appropriate exceptions are as follows:
 - a. Transportation of more than one adult with a client:
 - i. A parent/guardian accompanying a minor child who is a parent of a CSHCS client (e.g. grandparent, minor parent and enrolled child of minor parent).
 - ii. There is a medical need for both parents to be with the client (e.g. training of caregivers).
 - b. Transportation of a parent, the client and siblings of the client when there are child-care issues for the siblings.

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- c. Transportation of the interpreter with the client and parent when there is a language barrier.

Process for Authorization of Transportation through (MTM) Contractor

1. The client/family is to contact the LHD to obtain authorization for transportation.
2. The LHD is to verify client CSHCS eligibility as per the criteria.
3. The LHD is to determine client eligibility for transportation assistance through MTM.
4. The LHD must give the family/client information that includes the following specifics when authorizing MTM transportation based on the current key-code (see end of this section):
 - a. Authorization numbers are to be coded to specify:
 - i. Month & day of authorization (for specific periods e.g. April 1 (1 day) or April 1-30 (1 month))
 - ii. Transportation type
 - iii. Length of services (e.g. 1 day vs. 1 month)
 - iv. Number of trips
 - v. Type of trip
 - vi. Exceptions if any
 - vii. Provider code (e.g., gastroenterologist only)
 - b. Ongoing services may be authorized for a time frame up to three months for services such as, but not limited to dialysis, therapies (OT/PT/Speech), weekly follow-up care, etc.
5. The LHD or the family/client calls MTM at the toll-free number (1-877-547-2488) to arrange transportation.
 - a. The LHD is to contact MTM as appropriate to assist family/client in arranging transportation
 - b. The LHD or client/family notifies MTM of the authorization code as specified in #4 above
6. The LHD is to document all transportation authorizations on the "MTM Transportation Authorization Tracking Log" form (attached at the end of this section). Copies of these logs should be submitted to the MDCH CSHCS Transportation Analyst on a quarterly basis.
7. MTM will refer families/clients without an appropriate authorization number to their LHD for assistance with transportation authorization.
 - a. The LHD will determine if able to assist family with transportation based on:
 - i. Availability of medical information to assist in determining eligibility
 - ii. Date of service for transportation
 - b. The LHD will consult with the client/family and/or the client/family representative as appropriate and notify regarding the status of any transportation arrangements
8. MTM will refer family/client back to the LHD that issued the authorization number when there are problems with the authorization number or other issues.
9. A LHD that has transportation issues and complaints is to direct those concerns to the MDCH CSHCS Transportation Analyst.
 - a. MTM is to handle transportation complaints as per their policy
 - b. MTM is to track complaints and provide CSHCS with a monthly report
10. The LHD must assess and/or counsel users with a frequent (to be determined) "no-show" rate to determine adjustments to arrangements.

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Transportation Intake Screening Questions for MTM – Sample Document

1. Determine if the travel request is related to the CSHCS covered diagnosis. Several questions to ask include:
 - a. What kind of medical care is the appointment for? Or
 - b. Who is the provider? (determine if provider is authorized or if related to diagnosis and enrolled as a Medicaid provider and the system doesn't require the provider type to be formally authorized through CSHCS)
 - c. Continue screening if client is CSHCS covered and transportation is diagnosis related
2. Explain to client/family that CSHCS offers mileage reimbursement if you drive your own car or have a friend or family member drive you to your appointment. Ask if client/family has a car or knows someone who can drive him/her to the appointment?"
 - a. If yes, explain CSHCS mileage reimbursement through the LHD (refer to LHD if needed) and stop assessment for MTM
 - b. If client does not have transportation, proceed with screening
3. Ask "What kind of transportation is needed?"
 - a. If usual LHD travel arrangement explain (refer to LHD if needed) and stop assessment for MTM
 - b. If not usual LHD arrangement, proceed with screening
4. Ask "What is the date & time of the appointment?"
5. Ask "What is the doctor's name, address and phone number?"
6. Find out if there any special needs that the driver needs to be aware of for the client/family (MTM makes more specific inquiry of the client/family in this area)
 - a. Wheelchair
 - b. Special stroller
 - c. Car seat
 - d. Medical needs
 - e. Pregnancy
 - f. Lifting or assistance down stairs
7. Ask "Who will be traveling with the child?"
 - a. Name, age and relationship of person traveling with the client
 - b. Any special needs

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MTM TRANSPORTATION AUTHORIZATION CODING

Authorization Date	Transportation Type	Term of Authorization	# of Trips Authorized	Type of Trip	Exception Codes	Provider Codes
MM/YY	S = Sedan/Cab	1D = 1 day	01 = 1 trip	RT = Roundtrip	EM= Minor 13-15 yrs traveling alone	AL = Allergy NP = Nephrology
<i>(This is date the authorization is given. It is not the date of service)</i>	V = Van	1W = 1 week	02 = 2 trips	OW = One way	EP= Additional minor passengers	AU = Audiology NU = Neurosurgery
	W = Wheelchair accessible vehicle	2W = 2 weeks	03 = 3 trips		EA= Additional adult passenger	CA = Cardiology OM = Oral Maxillofacial Surgery
	E = Other	3W = 3 weeks	04 = 4 trips		EI= Additional passenger-interpreter	CF = Craniofacial Surgery ON = Oncology
		1M = 1 month	05 = 5 trips		EN= 24 hr request	CH = Chemotherapy OP = Ophthalmology
		2M = 2 months	06 = 6 trips		ES = Same day request	CR = Cardiovascular/Thoracic OR = Orthopedics
		3M = 3 months	07 = 7 trips		EH= Transport for hospital admission	DE = Diagnostic Evaluation OT = Occupational Health
					ED= Transport for hospital discharge	DI = Dialysis PO = Podiatry
			12 = 1x/week		EE= Diagnostic Evaluation	DM = Dermatology PS = Plastic Surgery
			14 = 2x/week		EO = Other Exception	DN = Dental/Orthodontics PT = Physical Therapy
			16 = 3x/week			ED = Endocrinology PU = Pulmonary Medicine
			18 = 4x/week			EN = ENT/ Otolaryngology PY = Physical Medicine
			20 = 5x/week			GA = Gastroenterology RE = Rehab Medicine
						GS = General Surgery RH = Rheumatology
						HE = Hematology RD = Radiation Therapy
						IF - Infectious Disease SC = Sickle Cell/Hematology
						IM = Immunology ST = Speech Therapy
						MX = Multiple Providers UR = Urology
						NE = Neurology

Example: **Authorization #** : 1004S2W12RTGA Member would be given authorization code # **1004S2W12RT** to give to MTM for transportation arrangements.

Example: **Exception Authorization #** : 1004S2W12RTEMGA Member would be given authorization code #**1004S2W12RTEM** to give to MTM for transportation.

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MTM TRANSPORTATION AUTHORIZATION TRACKING LOG

County/Agency: _____

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